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[5.XX] Medically Necessary Oral Nutrition Products for Recipients under Age 21

For enteral nutrition, see **Sections 1.2, 3.2, 5.3.20, and 5.7.2** in this policy. For home infusion therapy nutrition, see Clinical Coverage Policy 3H-1, *Home Infusion Therapy*, on DMA's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>.

Refer to **Attachment E, Lifetime Expectancies and Quantity Limitations for DME**, for descriptions of the following codes.

B4100	B4103	B4104	B4149	B4150
B4152	B4153	B4154	B4155	B4157
B4158	B4159	B4160	B4161	B4162

Oral nutrition products must be billed with modifier BO.

Medically necessary oral nutrition products are covered for recipients under the age of 21 when required to ameliorate a medical condition, prevent severe health complications, prevent worsening health outcomes, or improve clinical and functional benefits. Oral nutrition products include formulas, such as Peptamen, Peptamen Jr., and PhenylAde; modular components, such as thickening agents and single nutrients (used in treatment of inborn errors of metabolism); and feeding systems, such as Pigeon feeding systems.

Examples of conditions that may indicate a need for oral nutrition products include, but are not limited to, inborn errors of metabolism, such as phenylketonuria (PKU) or galactosemia; history of prematurity, very low birth weight (VLBW), or low birth weight (LBW); cystic fibrosis; human immunodeficiency virus (HIV); necrotizing enterocolitis (NEC); short bowel syndrome; cleft lip or cleft palate; central nervous system disorders resulting in dysphagia; and Crohn's disease.

Oral nutrition products are considered medically necessary when **all** of the following conditions are met:

- a. There is a documented diagnosis in which caloric or dietary nutrients cannot be safely or adequately consumed, absorbed, or metabolized.
- b. The oral nutrition product is an integral component of a documented medical treatment plan and is ordered in writing by the treating physician, physician's assistant, or nurse practitioner.
- c. Medical necessity of the oral nutrition product is substantiated by documented physical findings, and laboratory data if available, that demonstrate malnutrition or risk of nutritional depletion.

Requirements

- a. A recipient must be under the care of the ordering physician, physician's assistant, or nurse practitioner who develops a medical treatment plan that incorporates oral nutrition products.
- b. The prescriber may also order a nutrition assessment to aid in the development of a comprehensive oral nutrition therapy plan.
- c. If a nutrition assessment is ordered, it must be conducted by a licensed dietitian/nutritionist (LDN) or registered dietitian (RD).
- d. The prescriber may also order a feeding or swallowing evaluation by a licensed therapist (SLP-CCC or OTR/L).

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The aforementioned assessments must be maintained within the medical record as supporting documentation to substantiate medical necessity.

An Oral Nutrition Product Request Form (see **Attachment G** for a sample; available online at [insert Web address]) and a Certificate of Medical Necessity/Prior Approval (CMN/PA) must be submitted by the prescriber along with any supporting documentation (for example, a growth chart or a nutrition assessment).

Medical necessity of oral nutrition product use must be re-established at specific intervals:

- a. Recipients with a diagnosed inborn error of metabolism will be required to submit only an Oral Nutrition Product Request Form every 12 months.
- b. Recipients with other medical conditions necessitating oral nutrition supplementation must resubmit an Oral Nutrition Product Request Form and a CMN/PA every six months, with documentation supporting the effectiveness of the oral nutrition supplementation.
- c. Recipients receiving modular components and feeding devices must resubmit an Oral Nutrition Product Request Form and a CMN/PA at either the 6-month or 12-month interval, depending on the approved certification period.

Note: Oral nutrition products are not covered when medical necessity is not established, nor when they are used as convenient food substitutes.

[When this addition to the policy and the form below are approved, the form on the next page will be posted to the DMA Web site for practitioners to print, complete, and submit. It is appended here for convenience but will appear in **Attachment G** in the policy.]

Division of Medical Assistance
Durable Medical Equipment

Proposed Addition to:

Clinical Coverage Policy No.: 5A
Original Effective Date: March 1, 2003
Revised Date:

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Attachment G: Oral Nutrition Product Request Form

Recipient Information			
Recipient name		Date of birth	
Medicaid ID #			
Is the recipient eligible for WIC?	Y	N	If yes, list the oral nutrition products supplied by WIC:

Product Information	
Oral nutrition product requested	
Amount of product needed per month	
Expected duration of oral nutrition product	

Medical Diagnosis
(list all that are relevant to this request)

Supporting Data					
Current height/length		Percentile (children)			BMI
Current weight		Percentile (children)			
Does the recipient have a history of growth failure or weight loss?	Y	N	(If Yes, provide copy of growth chart or weight history.)		
Are there laboratory data indicating nutrition depletion? If Yes, please list.					
Have other nutrition interventions been attempted? If Yes, please list.					

Provider Contact Information	
Name	Telephone

Parent/Guardian or Recipient Contact Information	
Name	Telephone

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